

Department of Public Health and  
Human Services (DPHHS)

# 1. Health Insurance Portability and Accountability Act ("HIPAA") Privacy Policy

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a) Date:  
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Revised Date:

<b>Policy Title:</b>	B. Accounting for Protected Health Insurance Disclosures		
<b>Policy Number:</b>	009	<b>Version:</b>	1.0
<b>Approved By:</b>			
<b>Date Approved:</b>			

## Purpose:

This policy addresses the documentation and record retention requirements necessary to account for uses and disclosures of PHI that are not related to treatment, payment, health care operations, or related to a signed authorization.

## Policy:

General – Patients have a right to request and receive an accounting of uses and disclosures of Protected Health Information ("PHI"). This accounting does not include uses and disclosures related to treatment, payment, healthcare operations, for which a validly signed Authorization has been received, to the patient, for a DPHHS facility directory, to correctional institutions, or for national security or intelligence purposes.

I. DPHHS employees will document all requests for PHI. Such requests will include, but will not be limited to:

II. Disclosures for which an authorization is not required, such as:

- A. Disclosures to HHS or OCR for oversight of HIPAA compliance;
- B. To the Public Health Department related to the prevention and control of disease or for surveillance or disease reporting;
- C. To a government authority that is charged to receive reports of abuse or neglect;
- D. To report adverse events regarding food or drugs;

- E. To workers compensation regarding work related injuries;
- F. To program oversight agencies such as government regulatory bodies;
- G. To respond to a court order or subpoena;
- H. To law enforcement officials regarding criminal conduct on DPHHS premises or to report specific types of injuries;
- I. To coroners or medical examiners to identify a deceased person or determine a cause of death;
- J. To funeral directors to carry out their duties;
- K. To organ procurement organizations to facilitate transplantation;
- L. To research institutions who have the approval of an Institutional Review Board (IRB);
- M. To an agency working to avert a serious threat to health or safety;
- N. To agencies who serve specialized functions to manage national security functions;
- O. To correctional institutions regarding an incarcerated individual;
- P. To a provider needing to supply emergency treatment.;
- Q. To other government agencies, to the extent necessary to coordinate programs funded with public funds; or
- R. To schools requesting documentation for school records.

III. Uses and disclosures for which an authorization is not required, but the patient needs to be informed and given a chance to object:

- A. For purposes of maintaining a facility directory; or
- B. For disclosure to a family member or close personal friend.

IV. Uses and disclosures which constitute a breach of privacy protection:

- A. Any unintended release of information which is later determined to have breached a patient's right to privacy protection; or
- B. Any intentional release of information for which employee disciplinary action has been taken. The accounting does not need to inform the patient of the disciplinary action taken.

V. Disclosure logs will be collected by the Privacy Officer at regular intervals and will be kept for accounting and audit purposes.

- A. Requests from patients to receive the accounting detail should be submitted to the Privacy Officer.
- B. Accounting logs shall be kept for a period of six years and three months.
- C. Accounting logs will include information relating to the person who made the disclosure, the person(s) to whom the disclosure was made, a brief description of the information, a brief statement of the purposes for the disclosure, and the date of the disclosure.
- D. If, during the period covered by the accounting, DPHHS has made multiple disclosures of PHI to the same entity for the same purpose, the accounting may document the full information on the first disclosure and relate the frequency or periodicity of subsequent disclosures and the date of the final disclosure.

VI. DPHHS must act upon the patient's request for accounting within 60 days of the receipt of such as request or supply the patient with a written statement requesting a 30 day extension.

**Procedure:**

Montana Chemical Dependency Center will follow the above policy.

- I. The Privacy Liaison regarding any uses and disclosures, which constitute a breach of privacy protection, will maintain accounting logs.
- II. a. Any unintended release of information, which is later determined to have breached a patient's right to privacy protection.
- III. Any intentional release of information for which employee disciplinary action has been taken. The accounting does not need to inform the patient of the disciplinary action taken.
- IV. Logs will be transferred to the State Privacy Officer as required.
- V. Corrective counseling and action up to and including job termination will be given to employees who have violated a patient's confidential information.
- VI. Accounting logs shall be kept for a period of six years and three months.
  
- VII. A patient or former patient may request an accounting of all information previously sent from this facility. When a patient or former patient requests this, the accounting detail will be maintained in an electronic log by the Privacy Liaison and will be submitted to the Privacy Official as required.
- VIII. Accounting logs will include information relating to the person who made the disclosure, the person(s) to whom the disclosure was made, a brief description of the information, a brief statement of the purposes for the disclosure, and the date of the disclosure.
- IX. Accounting logs shall be kept for a period of six years and three months.

Procedure added 2/24/2003